

ed activities command attention, respect and confidence, while they carry conviction and actuate others.

SAD BUT TRUE.

Many times during the last eight years has this JOURNAL commented on the fact that the careless utterances of physicians very frequently resulted in damage suits. Occasionally, too, we have referred to the fact that a physician, without knowing all the circumstances and conditions of a case, will express an emphatic opinion. Somehow or other physicians, though their whole lives are spent in contact with patients, cannot seem to realize that nothing is so unreliable as a patient's statement of what some other doctor did. There is nothing more dangerous than one can readily think of than accepting the opinion of a patient or a layman as to the condition of the patient or what other doctors have done in the way of previous treatment or operations. In direct connection with this is the following matter from a member of the Society who has recently been sued:

"The attorney who is representing the plaintiffs has remarked on numerous occasions that they had an expert who was going to rip me to shreds. I have recently found out who this man is. He is Dr. W. S. P. I noticed in the American Medical Directory that he is a member of the Association and, of course, of the State Society. While I would not expect a medical man to have his judgment biased by the fact that he is a member of the same association that I am and therefore should not testify against me, still I feel that before beginning his ripping process he should have had a scientific rather than a lay history of the circumstances before he so readily formed his judgment. This he has not done.

"This brings to my mind a point which I believe would make a good editorial for the JOURNAL, and that is that we are very apt to limit our ethical conduct by geographical boundaries. How often it is that we carelessly and freely criticize to a patient the treatment that has been administered by some doctor in another locality which we would not think of doing if that doctor were in our own town. This point has presented itself to me on a number of occasions and I feel that our ethics should be broad enough to cover a larger area than our own immediate vicinity. If this Dr. P. were practising in my city, he undoubtedly would have communicated with me for details of this case before taking so antagonistic an attitude.

MEDICINE AND SOCIOLOGY.

A very kindly correspondent writes and, commenting upon the statement made in a recent issue that "few medical men are students of sociology," asks why the JOURNAL does not publish more comment on this subject. There has hardly been an issue of the JOURNAL for five years that has not contained some editorial note

referring to one or more points where medicine and sociology come in close touch. It may not be always apparent, but the fact is there. For instance, a careful reader of this issue of the JOURNAL will find quite a few things referring to the sociologic changes which are going on in the medical profession.

INDUSTRIAL ACCIDENT INSURANCE.

One day a letter is received from some one who roundly condemns the whole principle of industrial accident insurance, says that it is all wrong, and cries aloud that it is an outrage to the medical profession. The next day comes a letter something like this, from a member of the Society in one of the smaller towns in the State:

"Now regarding accident insurance, I personally like it. I wish there was more of it. I get a fair fee now, always, for accident work, while heretofore I was lucky to receive compensation for my services at all. I am therefore in favor of the contemplated sickness insurance. One can conduct himself as a gentleman always, and really professional ethics, boiled down, means merely being a gentleman at all times. Sickness insurance is going to be a good thing and will have a tendency to do away with lodge practise evils."

This is somewhat different from the views expressed in the last issue of the JOURNAL by several gentlemen who discussed this question. It is a large and open question and there is plenty of room for a diversity of opinion.

THE EMANUEL MOVEMENT AND THE LAW.

A circular has been sent out by the Emanuel Institute of Health, Incorporated, Reverend Thomas Parker Boyd, Dean, which refers to the fact that the Reverend Thomas Parker Boyd, head of the Emanuel Institute of Health, was arrested for violating the law regulating the practise of medicine in this State. He certainly was. He certainly should have been. From the personal experience of one well known to the writer, one of the reverend gentlemen connected with the Emanuel Movement seemed to devote most of his time to holding the hand of his fair patient, and invariably insisted upon \$2.50 for each such holding. The Reverend Thomas Parker Boyd, arrested for breaking the law, in his circular (or the circular emanating from the Emanuel Institute of Health, Incorporated) seems to be highly indignant, not to say belligerent. The circular announces in stentorian tones that this case is to be made a test case, is to be fought in the courts with all the strength, religious and financial, of the Emanuel Institute of Health, Incorporated, and in modest terms it says: "It may need to go to the Supreme Court of the United States, which will involve much time and expense." This probably means that the rate for holding ladies' hands will have to be raised.